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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE
TALLAHASSEE FLORIDA

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STATE
TALLAHASSEE FLORIDA

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VALIDATION ONLY

FILED
04 NOV -3 PM 2:02
TALLAHASSEE, FLORIDA

11/02/04

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Techniques Video Store LLC.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

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☐ Will Wait

☒ Pick Up

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Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TECHNIQUES VIDEO STORE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3561 DAVIE BLVD
Fort Lauderdale FL 33312

ARTICLE III - Registered Agent and Registered Office:

The name and the Florida street address of the registered agent is:

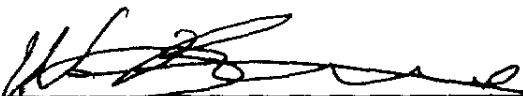
WILKINSON BRUNA
Name

3561 DAVIE BLVD
Florida street address (P.O. Box **NOT** acceptable)


Fort Lauderdale FL 33312
City, State and Zip

FILED
04 NOV -3 PM 2:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILKINSON BRUNA
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that WILKINSON B BUNA

desiring to organize under the laws of the State of Florida

with its principal office, as indicated in the articles of incorporation has named TECHNIQUES VIDEO STORE LLC

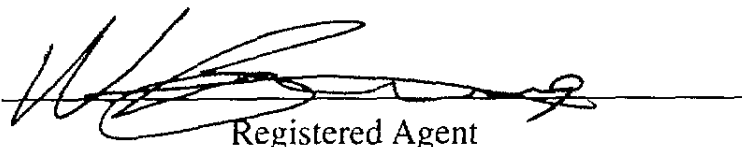
located at 3561 DAVIE BLVD

City of Fort Lauderdale County of Broward State of Florida,

as its agent to accept service of process within the state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Registered Agent